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FEC

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

2013 JUL -5 AM 11: 36 FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) CITY STATE **ZIP CODE** COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) abac.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) iatapac.com (Check if address is changed) 2. DATE c00544999 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. William Higgins Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

!	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
5.	TYPE OF C	OMMITTEE				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate			
	Name of Candidate					
	Cardidate Party Affiliati	on Office House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Cor	nmittee: (National, State	(Democratic,			
	(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.			
	Political Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:			
		Corporation Wo Capital Stock	Labor Organization			
		Mambership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.	``			
	(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fund	Iraising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C	•			
	3.	FEC ID number C				
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FEC F	Form 1 (Revised 02/2009)	Page 3			
**	Committee Name				
Americ	cans For America Political Action Commit	itee			
6. Name of A	Any Connected Organization, Amiliated Committee, Joint Fundralsing Representative	e, or Leadership PAC Sponsor			
None	<u> </u>				
	11111111111				
Mailing Add	dress				
	CITY STATE	ZIP CODE			
Relationship	p: Connected Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor			
Custodian books and	of Records: Identify by name, address (phone number optional) and position of the records.	person in possession of committee			
Full Name	Denise Cohen				
Mailing Add	dress 333 Ricciuti Dr.				
	apt, 418				
	Quincy, MA	02169			
Title or Pos	sition CITY STATE	ZIP CODE			
Custo	dian of Records Telephone number				
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
Full Name of Treasurer	William Higgins				
Mailing Add	dress 333 Ricciuti Dr.				
	apt, 418				
	Quincy, [MA]	02169			
Title or Pos		ZIP CODE			

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Full Name of Designated		
Agent		
Mailing Address		
		لينيا-لينيا ك
	CITY STA	TE ZIP CODE
Title or Position		1 11 11 1
	Telephone number	
		
9. Banks or Other Deposit	torles: List all banks or other depositories in which the committee de	eposits funds, holds accounts, rents
safety deposit boxes or n	naintains funds.	
safety deposit boxes or n Name of Bank, Depositor	naintains funds.	
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** 7/3/13 Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED PREPARER

(3/2005)